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Date: December 29, 2000

Serial No.: 09/325,122

Client: Casa Herrera, Inc.

For: METHOD FOR HANDLING MASA

Atty. Dkt. No.: CAS1PAU24R2

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Enclosed:

1. Transmittal letter;
2. Reissue Patent Application;
3. Reissue Application Fee Transmittal Form +1cc;
4. Specification and claims (35 pages);
5. Four (4) sheets of drawings;
6. A copy from the parent application of the Power of Attorney
7. A copy from the parent application of the Declaration as to Loss of Letters patent;
8. A copy from the parent application of a Statement Under 37 CFR 3.73(b) with copies of the assignment documents showing chain of title;
9. A copy from the parent application of a Consent Of Assignee;
10. Certificate of Express Mail #EL608384342US;
11. A copy from the parent application of a Reissue Application Declaration By The Inventor (signed by Anguiano);
12. A copy from the parent application of a Reissue Application Declaration By The Inventor (signed by Sanchez);
13. A copy from the parent application of a Reissue Application Declaration By The Inventor (unsigned by Ceja, but accompanied by Decision According Status Under 37 CFR 1.47(a);
14. Check No. 3112 in the amount of \$355; and
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3C715 U.S. PTO  
09/753171



12/29/00

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December 29, 2000

BOX REISSUE

Assistant Commissioner for Patents  
Washington, DC 20231

Dear Sir:

Transmitted herewith for filing in the United States Patent and Trademark Office  
is the patent application of:

Inventor(s): Victor R. Sanchez et al.  
Assignee: Casa Herrera, Inc., a California corporation  
Docket No.: CAS1PAU24R2  
For: METHODS FOR HANDLING MASA

Enclosed are a Reissue Patent Application Transmittal, a Reissue Application Fee Transmittal Form +1cc; a Preliminary Amendment; specification and claims (35 pages); four (4) sheets of drawings; a copy from the parent application of a Reissue Application Declaration By The Inventor (signed by Anguiano); a copy from the parent application of a Reissue Application Declaration By The Inventor (signed by Sanchez); a copy from the parent application of a Reissue Application Declaration By The Inventor (unsigned by Ceja, but accompanied by Decision According Status Under 37 CFR 1.47(a); a copy from the parent application of the Power of Attorney; a copy from the parent application of the Declaration as to Loss of Letters Patent; a copy from the parent application of a Statement Under 37 CFR 3.73(b) with copies of the assignment documents showing chain of title; a copy from the parent application of a Consent Of Assignee; a Certificate of Express Mailing; a return postcard; and this transmittal letter.

Respectfully submitted,

Joseph C. Andras  
Registration No. 33,469

JCA/aw


Enclosures

Express Mail Label Number: EL608384342US

Date of Deposit: December 29, 2000

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231

Angela Williams


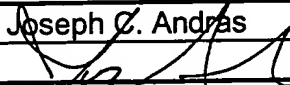
  
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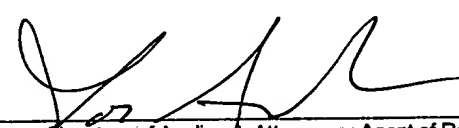
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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  Assistant Commissioner for Patents Box Reissue Washington, DC 20231		<b>Attorney Docket No.</b>	CAS1PAU24R2	
		<b>First Named Inventor</b>	Victor R. Sanchez	
		<b>Original Patent Number</b>	5,635,235	
		<b>Original Patent Issue Date (Month/Day/Year)</b>	06/03/97	
		<b>Express Mail Label No.</b>	EL608384342US	
<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box)		<input checked="" type="checkbox"/> <b>Utility Patent</b>	<input type="checkbox"/> <b>Design Patent</b>	<input type="checkbox"/> <b>Plant Patent</b>
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>		
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/ SB/ 56)</b> (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input checked="" type="checkbox"/> Original U.S. Patent for surrender		
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		<input type="checkbox"/> Ribboned Original Patent Grant		
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		<input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55) *		
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) * (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
6. Original U.S. Patent currently assigned?		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449		<input type="checkbox"/> Copies of IDS Citations
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable);		
(If Yes, check applicable box(es))		12. <input checked="" type="checkbox"/> Preliminary Amendment		
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) *		13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney *		14. Other: .....		
(PTO/SB/96)		.....		
		.....		
		* = copy from parent		
<b>15. CORRESPONDENCE ADDRESS</b>				
<input type="checkbox"/> Customer Number or Bar Code Label  or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)				
<b>Name</b> MYERS, DAWES & ANDRAS LLP				
<b>Address</b> 19900 MacArthur Blvd., Suite 1150				
<b>City</b> Irvine		<b>State</b> CA	<b>Zip Code</b> 92612	
<b>Country</b> US		<b>Telephone</b> (714) 444-1199	<b>Fax</b> (714) 444-1198	
<b>NAME (Print/Type)</b> Joseph C. Andras		<b>Registration No. (Attorney/Agent)</b> 33,469		
<b>Signature</b> 		<b>Date</b> 12-29-2000		

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) CAS1PAU24R2		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 20	**** 0 =	x \$ 18 =	0	or	x \$ ____ =	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	• 0 =	x \$ 80 =	0		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 355		\$ ____	
Total Filing Fee					\$ 355	OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	=	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>01-1960</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>355</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p><u>12-29-2000</u> Date</p> </div> <div style="width: 60%; text-align: center;">             Signature of Applicant, Attorney or Agent of Record  <u>Joseph C. Andras, Reg. No. 33,469</u>            Typed or printed name         </div> </div>								

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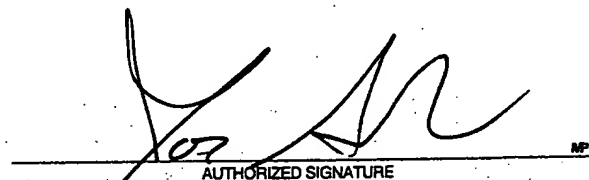
Dec. 29, 2000

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